

04.11.01



PTO/SB/05 (4/98)
Please type a plus sign (+) inside this box + + Approved for use through 09/30/2000 OMB 0651-0032
Patent and Trademark Office U S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Attorney Docket No. NC32046 UTILITY First Inventor or Application Identifier WYCHERLEY, M. **PATENT APPLICATION** REMOVABLE HOUSING COVER FOR A PORTABLE RADIO COMMUNICATION

TRANSMITTAL

(Only for new nonprovisional applications under 37 C F.R. § 1.53(b)) Express Mail Label No. EL664600936US									
	PPLICATION ELEMENTS apter 600 concerning utility patent application contents	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231							
1.	ee Transmittal Form (e.g., PTO/SB/17) bimit an original and a duplicate for fee processing) ecification [Total Pages] 20] esterred arrangement set forth below) escriptive title of the Invention ross References to Related Applications tatement Regarding Fed sponsored R & D eference to Microfiche Appendix ackground of the Invention rief Summary of the Invention rief Description of the Drawings (if filed) etailed Description laim(s) bestract of the Disclosure awing(s) (35 U.S.C. 113) [Total Sheets] 3 Declaration [Total Pages]] Newly executed (original or copy) Copy from a prior application (37 C.F.R. § 1.63(d)) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). TEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY LE ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney 9. English Translation Document (if applicable) 10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Statement (IDS)/PTO-1449 Return Receipt Postcard (MPEP 503) (Should be specifically itemized)							
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation									
	17. CORRESPONDEN								
☑ Custom	ner Number or Bar Code Label (Insert Custome) Wes Janes	or Correspondence address below							
	Steven A. Shaw 26343	}							
Name 20343 PATENT_TRADEMARK OFFICE									
Address	PATENT INDUMNATION	OFFICE							
City	State	Zıp Code							
Country	Telephone	Fax							
	Print/Type) Steven A. Shaw	Registration No. (Attorney/Agent) 39,368							
	1 (A) C	11/10/01							

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)	710.00
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Complete if Known						
Application Number	Unknown					
Filing Date	04/10/2001					
First Named Inventor	WYCHERLEY, M.					
Examiner Name	Unknown					
Group Art Unit	Unknown					
Attornev Docket No.	NC32046					

METHOD OF PAYMENT						FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.						3. ADDITIONAL FEES							
Deposit Deposit						Large Entity Small Entity Fee Fee Fee Fee Foo Description Foo							
Account			50-0270	İ	Co		Cod		ree	Description		Fee Paid	
Number Deposit					105	130	205	65	Surcharge - late f	iling fee or oath			
Account Name	L		NOKIA INC.		127	50	227	25	Surcharge - late p	provisional filing fee	or		
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17					139	130	139	130	Non-English spec	ification			
Applicant claims small entity status				147	2,520	147	2,520	For filing a reque	st for <i>ex parte</i> reexa	mination			
See 37 CFR 1.27						920*	112	920*	Requesting public Examiner action				
2. Payment Enclosed: Check Credit card Money Order Other						1,840*	113	1,840	* Requesting public Examiner action	cation of SIR after			
	FF	E C	ALCULATION		115	110	215	55	Extension for rep				
4 84810					116	390	216	195	Extension for repl	xtension for reply within second month			
1. BASIC I					117	890	217	445	Extension for repl				
Fee Fee	Fee	Fee	Fee Description	F D.	118	1,390	218	695	Extension for repl				
Code (\$)			Halita Eliza Esp	Fee Pai	128	1,890	228	945	Extension for repl	ly within fifth month	ļ		
101 710	201 3		Utility filing fee	710.00	119	310	219	155	Notice of Appeal				
106 320	206		Design filing fee		120	310	220	155	Filing a brief in su	pport of an appeal			
107 490 108 710			Plant filing fee Reissue filing fee		121	270	221	135	Request for oral h	earing			
114 150			Provisional filing fee		138	1,510	138	1,510	Petition to institute	e a public use proce	eding		
114 130	214	13	Frovisional ming ree		140	110	240	55	Petition to revive	- unavoidable			
		5	SUBTOTAL (1)	(\$) 710.00	141	1,240	241	620	Petition to revive	- unintentional			
2. EXTRA	CLAIM	FEE	S		142	1,240	242	620	Utility issue fee (o	or reissue)			
Fee from Extra Claims below Fee Paid				aid 143	440	243	220	Design issue fee					
Total Claims	16	-20*		= 0	144	600	244	300	Plant issue fee				
Independent Claims	3	- 3*	* = 0 x	= 0	122	130	122	130	Petitions to the Co	ommissioner			
Multiple Deper	ndent			= 0	123	50	123	50	Petitions related to	o provisional applica	tions		
				·	126	240	126	240	Submission of Infe	ormation Disclosure	Stmt		
Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$)				581	40	581	40	Recording each patent assignment per property (times number of properties)					
103 18	203 :	9	Claims in excess of	20	146	710	246	355	Filing a submission (37 CFR § 1 129)	on after final rejection	1		
102 80	202 40)	Independent claims	in excess of 3	149	710	249	355		al invention to be			
104 270	204 13	5	Multiple dependent	claim, if not paid	143	, 10	240	000	examined (37 CF		ļ		
109 80	209 40)	** Reissue independ over original pater		179	710	279	355	Request for Cont	inued Examination (RCE)		
110 18	210	9	** Reissue claims in and over original		169	900	169	900	Request for exper of a design applic	dited examination cation			
SUBTOTAL (2) (\$) 0						Other fee (specify)							
**or number previously paid, if greater; For Ressues, see above					* Red	uced by	Basic	Filing	Fee Paid S	SUBTOTAL (3)	(\$)	0	
SUBMITTED BY Complete (if applicable)													
Name (Print/Typ			Steven	Δ Shaw	T T	Registr	ation l	lo l	30 369			04-6172	
	٠,		Sieven	n. Ollaw		(Attorne)			39,368	, stephone	اع رح اها	94-6173	

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